

Receipt date: 06/26/2009 INFORMATION DISCLOSURE CITATION <i>(Use several sheets if necessary)</i>	Docket Number (Optional) 17291	Application Number 10/724,812
	Applicant(s) Tsutomu Okada	
	Filing Date December 1, 2003	Group Art Unit 3734

U.S. PATENT DOCUMENTS

*EXAMINER INITIAL	REF	DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE IF APPROPRIATE

U.S. PATENT APPLICATION PUBLICATIONS

*EXAMINER INITIAL	REF	DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE IF APPROPRIATE

FOREIGN PATENT DOCUMENTS

	REF	DOCUMENT NUMBER	DATE	COUNTRY	CLASS	SUBCLASS	Translation	
							YES	NO
		9-140306	6/3/1997	Japan				
		8-47360	2/20/1996	Japan				

OTHER DOCUMENTS *(Including Author, Title, Date, Pertinent Pages, Etc.)*

EXAMINER / Diane Yabut / (08/10/2009)	DATE CONSIDERED
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EXAMINER: Initial if citation considered, whether or not citation is in conformance with MPEP Section 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

Receipt date: 06/26/2009

TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT (Under 37 CFR 1.97(d))					Docket No. 17291	
In Re Application Of: Tsutomu Okada						
Application No. 10/724,812	Filing Date December 1, 2003	Examiner Diane D. Yabut	Customer No. 23389	Group Art Unit 3734	Confirmation No. 5537	
Title: MUCOSA EXCISION DEVICE USING ENDOSCOPE						
Address to: Commissioner for Patents						
<p>The Information Disclosure Statement submitted herewith is being filed after the period specified in 37 CFR 1.97(c), and on or before payment of the issue fee, and is accompanied by the Statement as specified in 37 CFR 1.97(e) and the fee set forth in 37 CFR 1.17(p).</p> <p><input type="checkbox"/> A check in the amount of _____ is attached.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 191013 as described below.</p> <p style="padding-left: 40px;"><input checked="" type="checkbox"/> Charge the amount of \$180.00</p> <p style="padding-left: 40px;"><input checked="" type="checkbox"/> Credit any overpayment.</p> <p style="padding-left: 40px;"><input checked="" type="checkbox"/> Charge any additional fee required.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>						
Certificate of Transmission by Facsimile*			Certificate of Mailing by First Class Mail			
<p>I certify that this document and authorization to charge deposit account is being facsimile transmitted to the United States Patent and Trademark Office (Fax no. _____) on _____ (Date)</p> <p style="text-align: center;">_____ Signature</p> <p style="text-align: center;">_____ Typed or Printed Name of Person Signing Certificate</p>			<p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date)</p> <p style="text-align: center;">_____ Signature of Person Mailing Correspondence</p> <p style="text-align: center;">_____ Typed or Printed Name of Person Mailing Certificate</p>			
<p>*This certificate may only be used if paying by deposit account.</p> <p style="text-align: center;">_____ /Thomas Spinelli/ Signature</p> <p>Thomas Spinelli Registration No.: 39,533</p>			<p>Dated: June 26, 2009</p>			
CC:						

ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /DY/